

Michigan Gaming Control Board

1500 Abbott Road, East Lansing, MI 48823



PERSONAL DISCLOSURE FORM

**For Use by Qualifiers of
Casino or Gaming-Related Applicants**

Personal Disclosure Form

This form is authorized under Public Act 69 of 1997, the Michigan Gaming Control and Revenue Act. Failure to provide information could result in rejection of or delay in the processing of this application.

***All officers or members of the board of directors of an applicant for a Gaming-related Supplier License must submit this form.
See Sec. 2.(e) of P.A. 69 for definition of Applicant.***

The applicant should respond to all the questions to the best of his/her knowledge. **Any misrepresentation or omission is grounds for license denial.**

A. Forms and Documents

The applicant shall provide all information, documents, materials and certifications at the applicant's sole expense. **Note: The Board, in its discretion, may hereafter require the applicant to furnish additional information or complete and submit additional forms.**

In order to simplify the completion of this disclosure, the Personal Disclosure Form has been copied onto the enclosed CD-ROM or diskette. This disclosure form is formatted in Microsoft Word 97 with unlimited data entry for inserting answers. After completing an answer, use the tab key to advance to the next data entry field. The **complete signed original disclosure form**, including exhibits and attachments, must be returned to the Michigan Gaming Control Board, 1500 Abbott Rd., Suite 400, East Lansing, MI 48823.

When you submit your disclosure form to the Michigan Gaming Control Board, a copy of the following items will be needed:

- (1) Your **birth certificate**
- (2) Your **Social Security Card**
- (3) **Picture identification** (driver's license, state or military ID, passport)
- (4) Appropriate **Alien registration** (if not a U.S. citizen)
- (5) A copy of your U.S. Military Service Record (**DD-214**) if applicable
- (6) A **photograph** of yourself
- (7) Your **fingerprints**

If you choose to complete this application by hand, and need more space on any of the tables, please attach additional tables and ensure that they are appropriately numbered.

B. Definitions

For your reference, a CD-ROM or diskette holding Microsoft Word 97 text files entitled ADMINRULE and PA69 has been included with the personal disclosure form. The Michigan Gaming Control Board has adopted these definitions for licensing and regulatory purposes.

P.A. 69 and the Freedom of Information Act allows public disclosure of the information contained only in Part 1 of this application. This also applies to qualifiers who are subsequently licensed.

ATTENTION -
To those applicants seeking an
Occupational License Level 1 (Rule 432.1332):

You must complete both the Occupational License Interim Application and the Occupational License Application Verification Form (attached to the back of this application). These forms must be submitted, **along with a \$500 non-refundable processing fee**, with the complete personal disclosure form to the Michigan Gaming Control Board. Failure to return the forms and required fee may result in a delay in the issuance of your Occupational License Level 1.

In addition to the application processing fee, a \$250 license fee is due upon the initial issuance of the license and each renewal.

PART 1 - DISCLOSABLE INFORMATION

POSITION OR JOB TITLE	NAME OF CASINO ENTERPRISE OR SUPPLIER
<div></div>	<div></div>

Last Name		First Name		Middle Name
Present Business Name		Present Business Address (Street)		
City	State	Zip Code	Business Telephone ()	Business Fax ()

List primary contact person and registered agent authorized to accept notices, subpoenas, summons, and other legal documents from the Board on behalf of the qualifier:	
Name	Business Phone Number ()
Business Address	Business Fax Number ()

- A. List any business in which the applicant, applicant's spouse, parent, or child has equity interest of more than 5%. ☐ **Not Applicable**

TABLE 1

Interest held by	Business name	Business address	Business purpose	% of owner -ship	State of incorporation or registration
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			
Last Name	Business Name	Street			
First Name, MI		City, State, ZIP			

☐ **Table 1 continued**
f-pdfg1

- B. The below listed questions relate to criminal offenses, either felony or misdemeanor. Answer each question as it pertains to you. Do not include traffic violations. Have you ever:

No	Yes		No	Yes	
<input type="checkbox"/>	<input type="checkbox"/>	been convicted	<input type="checkbox"/>	<input type="checkbox"/>	pleaded guilty
<input type="checkbox"/>	<input type="checkbox"/>	forfeited bail	<input type="checkbox"/>	<input type="checkbox"/>	been indicted
<input type="checkbox"/>	<input type="checkbox"/>	pleaded nolo contendere (no contest)			

If you answered **yes** to any of the above, complete the following table:

TABLE 2

Nature of charge or arrest	Date of charge or arrest	Name & address of court	Disposition	Date	Felony or misdemeanor

☐ **Table 2 continued**

- C. Have you ever had any permit, certification, or license (include driver's license), denied, suspended, restricted, revoked or not renewed by a governmental entity?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

TABLE 3

Type	License/Permit/Certification number	Name of Licensing Authority	Date of action	Reason action was taken

☐ **Table 3 continued**

- D. Have you ever filed for any type of bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of any debt?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Date of filing / Name and address of court / Case number

- E. Do you have any debts in which you have made a formal agreement to adjust, defer, suspend or otherwise work out the payment of the debt?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Date of filing / Name and address of court / Case number

- F. Has there been filed against you or have you ever been served with a complaint, lien, judgement, or other notice filed with any public body regarding the payment of any tax required under Federal, State or Local law?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

TABLE 4

Taxing Agency	Type of tax	Date of Taxing Period (MM/YY)	Amount

☐ **Table 4 continued**

Submit as **EXHIBIT (1)**, a copy of the tax filing or any correspondence you received from, or provided to, the taxing agency. ☐ **Not Applicable**

Submit as **EXHIBIT (2)**, a statement listing the names and titles of all public officials, officers or employees of any governmental entity, relatives of said public officials, officers or employees, who directly or indirectly, own any financial interest in, have any beneficial interest in, are the creditors of, or hold any debt instrument issued by, or hold or have any interest in, any contractual or service relationship with the applicant. ☐ **Not Applicable**

Please note that an applicant, including associated key persons, may not make a political contribution to a state or local elective office-holder, candidate, candidate committee, political party committee, independent committee (as defined by the Michigan Campaign Finance Act), or committee organized by a state legislative caucus.

A supplier applicant and its associated key persons are prohibited from making a political contribution once the application for supplier licensure is submitted to the MGCB and for a period of three (3) years after the license expires. See Public Act 69 of 1997; MCL 432.201 et. seq. and Rule 206(2) of the Board's Administrative Rules.

A casino applicant can find more information regarding the prohibited period for itself and its associated key persons at MCL 432.207b.

- G. Within five (5) years of this application, have you, your spouse, your parent, your child, or spouse of a child, either directly or indirectly, made any political contribution, loan, or other payment to any candidate, campaign committee, or office holder elected in Michigan?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table: (Please note: Rule 206(2))

TABLE 5

Contributor	Name of official/candidate/committee	Office sought/held	Date	Amount	Method of payment	Intermediary, if any
	Last Name First Name, MI					
	Last Name First Name, MI					
	Last Name First Name, MI					
	Last Name First Name, MI					
	Last Name First Name, MI					
	Last Name First Name, MI					
	Last Name First Name, MI					

☐ **Table 5 continued**

PART 2 – GENERAL INFORMATION

PERSONAL DISCLOSURE - Casino or Gaming-related Applicants

Last Name		First Name		Middle Name	
Maiden Name, Alias(es), Nicknames, Other Name Changes - Legal or Otherwise			Occupation		Residence Telephone ()
Present <u>Residence</u> Address (Street)		City	State	Zip Code	Since (Date)
Date of Birth	Place of Birth (City, State, Country)			Country of Citizenship	
Social Security Number	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Height	Weight	Hair Color	Eye Color
Tattoos, amputations, distinguishing marks <input type="checkbox"/> Not Applicable			Driver's License Number		State
If you are not a citizen of the United States, provide the following: <input type="checkbox"/> Not Applicable					
Admission/Arrival #:			Alien "A" Number		
If you are not a citizen of the United States, list the name and address of your sponsor upon your arrival: <input type="checkbox"/> N/ A					
Name		Address		City	State Zip Code
If you are a naturalized citizen, provide the following information: <input type="checkbox"/> Not Applicable					
Alien "A" Number		Certificate Number		Date Citizenship Granted	
Court			City/State of Court		
Current Marital Information					
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Current Spouse's Name (Include Maiden Name) <input type="checkbox"/> Not Applicable					
Last Name		First Name		MI	Maiden Name
Present <u>Residence</u> Address (Street)		City	State	Zip Code	Since (Date)
Present <u>Business</u> Address (Street) <input type="checkbox"/> N/A		City	State	Zip Code	Since (Date)
Occupation		Residence Telephone ()		Business Telephone ()	
Date of Birth	Place of Birth (City, State, Country)				
Date of Marriage	Place of Marriage	Social Security Number	Driver's License Number		State

PART 3 - EDUCATION

Identify all schools of higher education you have attended.

Name of School/Address/Dates Attended (From/To)/Degree or Certificate Received

PART 4 - MILITARY

- A. Did you ever serve in the military? (*Military service includes service in the reserves or the national guard.*)

☐ **No** ☐ **Yes** If **yes**, submit as **Exhibit (3)**, a copy of your DD214.

- B. While you were in the military, were you ever the subject of any hearing, disciplinary proceeding, trial or court-martial?

☐ **No** ☐ **Yes** ☐ **Not applicable**

If you answered **yes**, give a brief summary of the incident, and include the month and year.

PART 5 - EMPLOYMENT/RESIDENCES

- A. Beginning with the present date and working backward, list places of employment for the last 15 years. (*Include unemployment and Military service.*)

TABLE 6

From (MM/YY)	To (MM/YY)	Name & full address of employer	Position & duties	Supervisor & reason for leaving	Gaming- related? (Y/N)
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			
		Employer's Name			<input type="checkbox"/> Yes
		Street			<input type="checkbox"/> No
		City, State, Zip			

☐

Table 6 continued

- B. Complete the table below indicating all residences during the past 5 years. (*Include second and summer homes, etc. Do not include present residence.*)

☐ Not Applicable

TABLE 7

From	To	Address (No., Street, Apt.)	City, State, Zip Code, Country		
			City	State	Zip
			Country		
			City	State	Zip
			Country		

☐ Table 7 continued

PART 6 - LICENSES

- A. List all licenses or permits issued to you (*include driver's license*): ☐ Not Applicable

TABLE 8

Date issued	License/permit number	Type of license/permit	Issuing jurisdiction (Name/City/State)	Expiration date

☐ Table 8 continued

- B. Have you ever applied in any jurisdiction for a license, permit, or other authorization to participate in a lawful gaming operation (including the manufacturing or distribution of gaming supplies, casino gaming, horse racing, dog racing, paramutual operation, lottery, sports betting, etc.)?

☐ No ☐ Yes

Have you ever withdrawn an application, license or certificate in any jurisdiction?

☐ No ☐ Yes

If you answered **yes** to either of these questions, include a statement describing the facts or circumstances and complete the following table:

TABLE 9

Type of Gambling Operation	Position Sought or Held	Licensing Agency (including state, county, or municipality)	Disposition (granted, pending, or denied)	If Issued - Provide License/Permit Number

☐ Table 9 continued

PART 7 - BUSINESS INTERESTS

A. Do you have any financial, ownership, right to ownership or employment interest with a:

No **Yes**

☐
☐

Casino Applicant/Licensee

☐
☐

Gaming Supplier Licensee or Applicant

☐
☐

Non-gaming Supplier Licensee or Applicant (*as it applies to a casino operation*)

If you answered **yes**, to any of the above, provide the following:

Name of licensee or applicant/Address/Type of interest/Percent of ownership

B. During the past ten-year period, have you held a ten percent (10%) or greater ownership interest in or been a director, officer, or principal employee, of any corporation, partnership, sole proprietorship or other business entity that has made (either itself or through third parties) bribes or kickbacks to any employee, company or organization to obtain a competitive advantage, or to any government official, domestic or foreign, to obtain favorable treatment?

☐

No

☐

Yes

If you answered **yes**, submit as **Exhibit (4)** a complete explanation of the circumstances.

- C. List below all business entities with which you have been associated as an officer, director, partner, proprietor, manager, policy maker, owner, investor, or substantial creditor from age 18.

☐ Not Applicable

TABLE 10

Date		Name, address and telephone number of business	Description of business	Your title or type of association	Percent of ownership	Is gaming a part of entity's business? (Y/N)
From	To					
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No
		Name Street City, State, Zip Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No

☐ Table 10 continued

PART 8 - FINANCIAL

- A. Has any business in which you had an ownership interest (other than ownership of stock in a publicly traded company) or in which you served as an officer or director, ever been declared bankrupt by a court, or filed for any type of bankruptcy or insolvency?

☐ No ☐ Yes If you answered **yes**, provide the following:

Date of filing/Name and address of court/Case number/Disposition

- B. Have your wages, salary or other income ever been subject to garnishment, attachment, charging order or the like during the past five (5) year period?

☐ No ☐ Yes If you answered **yes**, provide the following:

Name and address of court/Amount of obligation/Docket number/Current status of legal action

- C. Have you ever been bonded for any purpose or been refused or denied any type of bond?

☐ No ☐ Yes If you answered **yes**, provide the following:

Employer(s) for whom you were bonded/Reason for bond/Bond issuer/Was bond called?(Yes/No)/Date and reason bond was called

- D. Have you been a beneficiary, settlor, trustee, grantor, or transferor, to any trust during the past ten (10) years?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

TABLE 11

Name of trust	Nature of your connection with trust	Terms of your connection with trust	Domestic or foreign trust?	Location of trust asset

☐ **Table 11 continued**

Submit as **Exhibit (5)**, true and accurate copies of your state and federal tax returns for the last three years.

☐ Attached

PART 9 – ADDITIONAL CRIMINAL HISTORY

Do not include traffic violations for subsections A-E.

- A. Have you ever been granted immunity?

☐ **No** ☐ **Yes**

- B. Have you ever been named an unindicted co-conspirator?

☐ **No** ☐ **Yes**

- C. Have you ever been charged with a criminal offense, either felony or misdemeanor?

☐ **No** ☐ **Yes**

If you answered **yes**, describe the nature and date of the charge, name and address of government agency or court involved and final disposition.

- D. Describe all arrests which did not result in a formal criminal charge. ☐ **Not Applicable**

- E. Describe all criminal convictions that have been expunged.

☐ **Not Applicable**

PART 10 - LITIGATION

- A. Are you presently, or have you within the last ten (10) years been, a party to a lawsuit as an individual, or as officer, director, partner, proprietor, manager, policy maker, or more than a 5% owner, of any business entity?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

TABLE 12

Names of parties	Case number	Name and location of court	Detailed description of case	Disposition of case

☐ **Table 12 continued**

Submit as **Exhibit (6)** copies of all complaints, petitions or similar pleadings which initiated each lawsuit.

- B. Within the past five (5) years, have you or your spouse filed any insurance claim(s) in excess of \$5,000?

☐ **No** ☐ **Yes** If you answered **yes**, provide the following:

Insurance company / Date of claim / Nature of claim

PART 11 - RELATIVES

For the purpose of the following questions “relatives” includes your spouse, your children, and your spouse’s children, including stepchildren and adopted children, your parents, your spouse’s parents, your brothers and sisters, your spouse’s brothers and sisters, including stepbrothers and stepsisters, and said persons’ spouses.

A. Provide the following information about your relatives (if deceased, indicate date of death and last address):

TABLE 13

Full name (include married/maiden)	Relationship	Date of birth	Occupation	Address and telephone number			Date of death, if applicable
Last, First, MI, Maiden				Street			
				City, State, Zip			
				Phone			
Last, First, MI, Maiden				Street			
				City, State, Zip			
				Phone			
Last, First, MI, Maiden				Street			
				City, State, Zip			
				Phone			
Last, First, MI, Maiden				Street			
				City, State, Zip			
				Phone			
Last, First, MI, Maiden				Street			
				City, State, Zip			
				Phone			

☐ Table 13 continued

B. Have any of your relatives or any of your spouse's relatives ever been charged with or convicted of any criminal offense?

☐ No ☐ Yes If you answered **yes**, complete the following table:

TABLE 14

Full Name	Address	Date Of Birth	Relationship	Involved Law Enforcement Agency Or Court (City/State)	Charge Or Conviction	Disposition
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					
Last, First, MI	Street City, State, Zip					

☐ Table 14 continued

- C. List any relatives that have any financial, ownership or employment interest in any business entity with a gaming license. ☐ **Not Applicable**

TABLE 15

Identity Of Person And Employment Title	Business Entity Name/Address	Type Of Interest	Dates Involved		Financial Interest/% Of Ownership
			From	To	
Last, First, MI	Name				
	Street				
	City, State, Zip				
Last, First, MI	Name				
	Street				
	City, State, Zip				

☐ **Table 15 continued**

- D. If you have had previous marriages provide the following: ☐ **Not Applicable**

Name, address, and telephone number of former spouse(s)

Submit as **Exhibit (7)**, copies of all marriage licenses.

☐ **Not Applicable**

Submit as **Exhibit (8)** any divorce decrees.

☐ **Not Applicable**

PART 12- GOVERNMENT/POLITICAL

Within the last ten (10) years, have you or any of your relatives been a public official, an officer, or an employee of any governmental entity?

☐ **No** ☐ **Yes** If you answered **yes**, complete the following table:

TABLE 16

Full Name	Address And Telephone Numbe	Relationship	Title And Duties	Dates held	
				From	To
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				
Last, First, MI	Street				
	City, State, Zip				
	Phone				

☐ **Table 16 continued**

PART 13 - SUBSTANCE ABUSE/GAMBLING PROBLEMS

A. Do you have, or have you ever had, a substance abuse problem?

☐ **No** ☐ **Yes** If you answered **yes**, submit as **Exhibit (9)** a detailed statement describing the substance abuse problem.

B. Have you ever been treated, or are you currently being treated, for any substance abuse problem?

☐ **No** ☐ **Yes** If you answered **yes**, submit as **Exhibit (10)** a detailed statement describing the substance abuse treatment.

- C. Do you have, or have you ever had, any gambling related problems or debts?
- ☐ No ☐ Yes If you answered **yes**, submit as **Exhibit (11)** a detailed statement describing the gambling related problem or debt.
- D. Have you ever been treated for any gambling related problems?
- ☐ No ☐ Yes If you answered **yes**, submit as **Exhibit (12)** a detailed statement describing the gambling related treatment.

PART 14 - SAFE DEPOSIT BOX

Do you control or have access to any safe deposit box or other depository?

☐ No ☐ Yes If you answered **yes**, provide the following:

Account name(s) / Box number / Bank or depository name and address / Other individuals with access

PART 15 - REFERENCES

Provide five (5) references (do not use family members):

Name	Address	Phone number	Length of relationship
Last, First, MI	Street City, State, Zip	()	
Last, First, MI	Street City, State, Zip	()	
Last, First, MI	Street City, State, Zip	()	
Last, First, MI	Street City, State, Zip	()	
Last, First, MI	Street City, State, Zip	()	

PART 16 - OTHER REQUIRED DOCUMENTS

Submit as **Exhibit (13)**, a photograph of yourself taken within the last year. (*Photograph is not to be smaller than 2" x 2"*)

Submit as **Exhibit (14)** signed and completed fingerprint card. Have a law enforcement officer take your fingerprints using the attached Michigan applicant card. Be sure all areas that require information are completed. Do not staple, fold, spindle, or otherwise mutilate the card in any way.

Submit as **Exhibit (15)** a copy of your birth certificate.

Submit as **Exhibit (16)** a copy of your Social Security card or its equivalent.

Submit as **Exhibit (17)** a copy of picture identification (*check one of the following*):

☐ Driver's License ☐ State Identification ☐ Military Identification ☐ Passport

Submit as **Exhibit (18)** a copy of appropriate alien registration if you are not a United States citizen. ☐ Not Applicable

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS

All individuals completing this personal disclosure form must provide one (1) STATE OF MICHIGAN fingerprint card used for both federal (FBI) and Michigan State Police (MSP) background checks.

NO OTHER FINGERPRINT CARDS ARE ACCEPTABLE

Each fingerprint card must be completed and signed by the applicant in the signature block. The card may be typed or legibly printed. A bona fide police department must perform the fingerprinting and the person taking the fingerprint impressions must sign the card. The police department should stamp the card or otherwise be identified immediately below the signature of the person taking the prints.

Fingerprint cards will not be accepted in the following cases:

- ◆ **There is missing information. All information must be complete and no items omitted.**
- ◆ **There are missing signatures. Both the individual being fingerprinted and the person taking the fingerprints must sign the card.**
- ◆ **The card has been stapled, folded, or otherwise mutilated in any way.**

SCHEDULE OF EXHIBITS

Complete the following table.

Exhibit number	Exhibit description		Exhibit prepared by:	Official title
1	Tax filings/correspondence for tax audits/adjustments	<input type="checkbox"/> N/A		
2	Names/titles of individuals with various relationships with applicant.	<input type="checkbox"/> N/A		
3	Copy of Military form DD214	<input type="checkbox"/> N/A		
4	Details of attempts to gain advantage or favorable treatment	<input type="checkbox"/> N/A		
5	Tax returns (3 years)	<input type="checkbox"/> N/A		
6	Lawsuit complaints, petitions, pleadings, etc.	<input type="checkbox"/> N/A		
7	Copies of all marriage licenses	<input type="checkbox"/> N/A		
8	Copies of all divorce decrees	<input type="checkbox"/> N/A		
9	Statement of substance abuse	<input type="checkbox"/> N/A		
10	Statement of substance abuse treatment	<input type="checkbox"/> N/A		
11	Gambling related problem or debt	<input type="checkbox"/> N/A		
12	Gambling related treatment	<input type="checkbox"/> N/A		
13	Photograph			
14	Fingerprints			
15	Copy of Birth Certificate			
16	Social Security Card			
17	Picture Identification			
18	Alien Registration	<input type="checkbox"/> N/A		

INCOME STATEMENT

Provide total annual gross income for the three most recent complete calendar years for you, your spouse, and any dependent child who has earned more than \$20,000. Use a separate sheet for each family member.

NAME: (Last, First, MI) _____

Source of Income	Year: ____	Year: ____	Year: ____
Salary	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Other Income/Compensation (Specify Sources)	\$ \$ \$	\$ \$ \$	\$ \$ \$
Total Annual Gross Income	\$	\$	\$

Complete the following schedules (A-K). Indicate by code, in the first column, those held by you personally (P), your spouse (S) or by any dependent child (D). Note the requirements for disclosing financial information on dependent children on various schedules. Use additional copies of the schedules as needed.

Transfer the totals from each schedule into the corresponding box on the NET WORTH STATEMENT.

SCHEDULE A

Cash in Banks

List all foreign and domestic bank accounts. Include any dependent child who has an account balance exceeding \$10,000.

☐ **Not Applicable**

(P) (S) (D)	Name, Address and Telephone Number of Bank	Names and Signatures Appearing on Account	Account Number	Date Opened	Type of Account	Current Balance
	()					
	()					
	()					
	()					
					TOTAL:	
					(Transfer to net worth statement)	

SCHEDULE B

Loans Receivable

List all loans. Include any dependent child who has loans receivable exceeding \$5,000.

[illegible]

Stocks, Bonds, Notes, and Debentures

☐ Not Applicable

(P) (S) (D)	Issuer	Type	Number of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	Broker/Custodian of Shares (Address)
					TOTALS: ➡				
				(Transfer to Net Worth statement)					

SCHEDULE D

Business Investments

List all investments, other than stocks, bonds, and debentures, in any business entity in which any direct, indirect, vested or contingent interest is held or controlled by you, your spouse, or by your dependent child who has an investment exceeding \$5,000. Under the column "Business Entity Interest" list the names of all Business Entities other than publicly held companies with a direct, indirect, vested or contingent interest in the subject entity, and their percentage of ownership.

(P) (S) (D)	Business Entity Name	Type of Organization	No. of Shares/ Units	Total Original Cost	Date of Purchase	Name in Which Held	Annual Income	Current Value	% of Owner- ship	Business Entity Interests
					← TOTALS: → (Transfer to Net Worth statement)					

SCHEDULE

Real Estate

List real estate in which any direct, indirect, vested or contingent interest is held or controlled. Under the column headed "Original Cost" indicate the cost of any improvements. Under the column headed "Other Owners" list the names of all owners who share direct, indirect, vested, contingent, or beneficial interest in the real estate, their percentage of ownership, and address. Include any dependent child who has real estate valued at more than \$5,000. ☐ **Not Applicable**

(P) (S) (D)	Address/Location	Owner of Record	Type	Original Cost	Annual Income	Current Value	% of Ownership	Other Owners, % of Ownership, Address
TOTALS: ➡							⬅	
(Transfer to Net Worth statement)								

SCHEDULE F

Other Assets

List all other assets having a fair market value in excess of \$10,000. Include such assets as automobiles, personal property, life insurance policies, and pension plans. Include any dependent child who has other assets exceeding \$5,000. ☐ **Not Applicable**

(P) (S) (D)	Type of Asset	Owner of Record	% of Ownership	Date of Purchase	Original Cost	Current Value
				TOTALS: ➔		
				(Transfer to Net Worth statement)		

Loans Payable

List all loans payable exceeding \$5,000. Indicate by an asterisk (*) in the "Purpose" column those notes which are gaming-related. Include any markers, credit lines, credit cards, home equity loans, employer-granted loans, loans from employee 401K plans and employer-granted educational or tuition grants or loans. Under the column "Collateral" include the relative position of each security interest in the collateral with respect to other security interests in the collateral. Include any dependent child who has loans payable exceeding \$5,000 ☐ **Not Applicable**

(P) (S) (D)	Name, Address, & Telephone No. of Creditor	Date Incurred	Original Loan Balance	Current Balance	Interest Rate	Maturity Date	Purpose	Collateral
	()							
	()							
	()							
	()							
	()							
	()							
TOTALS: ➔ (Transfer to Net Worth statement)								

SCHEDULE I

Mortgages Payable

List the mortgages or liens payable on real estate. Include any dependent child having mortgages payable exceeding \$5,000. Under the column "Description" provide a description of the real estate, including the address, type, condition, and any improvements. Under the column "Relative Position" state the position of the mortgage or lien with respect to other mortgages or liens. ☐ Not Applicable

(P) (S) (D)	Name & Address of Creditor	Date Incurred	Original Loan Balance	Monthly Payment	Current Balance	Interest Rate	Maturity Date	Description	Relative Position
TOTALS: ➔ (Transfer to Net Worth statement)									

Other Liabilities

☐ Not Applicable

TOTALS: →
(Transfer to Net Worth statement)

SCHEDULE K

Contingent Liabilities

List contingent liabilities in excess of \$5,000. Include any dependent child who has contingent liabilities exceeding \$5,000. Under the column "Name, Address & Telephone No. of Parties" provide this information for all persons with an interest in the liability, including potential claimants and other persons who are liable, and identify each person's interest in the liability. Under the column "Collateral" include the relative position of the security interest in the collateral with respect to other security interests. Under the column "Description" provide a description of the liability, including its purpose. ☐ **Not Applicable**

[illegible]

NET WORTH STATEMENT as of _____ (Date)		
Provide information in the aggregate for you, your spouse, and for any dependent children as required on Schedules A-K.		
	Original Cost/Balance	Current Value/Balance
Assets:		\$
Cash on hand Cash in banks (Schedule A)		\$
Loans Receivable (Schedule B)	\$	\$
Stocks, Bonds and Debentures (Schedule C)	\$	\$
Business Investments (Schedule D)	\$	\$
Real Estate (Schedule E)	\$	\$
Other Assets (Schedule F)	\$	\$
TOTAL ASSETS: (A)		(A)
Liabilities:		\$
Loans payable (Schedule G)	\$	\$
Taxes Payable (Schedule H)	\$	\$
Mortgages Payable (Schedule I)	\$	\$
Other Liabilities (Schedule J)	\$	\$
TOTAL LIABILITIES: (B)	\$	(B)
NET WORTH {{(A) minus (B)}}	\$	\$
Contingent Liabilities (Schedule K)	\$	\$

Attachment A

APPLICANT'S ACKNOWLEDGEMENT, AGREEMENT AND CONSENT

I, [REDACTED]

(Applicant)

hereby acknowledge that the Michigan Gaming Control Board will require supplemental materials in order to carry out its statutory duties. The applicant hereby agrees to submit supplemental materials as requested by the Board.

hereby acknowledge that issuance of a gaming license is a privilege. I have the responsibility to prove that I am qualified to be licensed. I must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information, requested in this form, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application may be requested.

hereby acknowledge that I am under a continuing duty to promptly disclose to the Board any changes in the information provided in the application and requested materials submitted to the Board. To comply with this requirement I must submit a letter to the Board stating the changes and reference the specific question(s) within the application to which the changes pertain.
(Rule 206(2) and Sec. 7.(a)(12))

hereby consent to inspections, searches, and seizures as provided in **Section 5.(4)** and to disclose to the Board and its agents confidential records, including tax records held by any federal, state or local agency or credit bureau or financial institution while applying for or holding a license under this act. **(Sec.6.(9) Sec.7.(a)(11))**

I affirm, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of my knowledge.

[REDACTED]

Applicant's Signature

[REDACTED]

Printed Name

[REDACTED]

Date

IN WITNESS WHEREOF, I have executed this instrument at the city of [REDACTED], State of [REDACTED], on this [REDACTED] day of [REDACTED], [REDACTED].

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [] day of [], of [].

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: []

County of Residence: []

ATTACHMENT B

**VOLUNTARY CONSENT TO RELEASE INFORMATION
MATERIALS AND DOCUMENTS**

To all Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks, Financial and Other such Institutions, and All Governmental Agencies federal, state and local, without exception, both foreign and domestic.

I, _____
(NAME OF PERSON AUTHORIZED TO EXECUTE THIS RELEASE)

have authorized the Michigan Gaming Control Board and its employees and agents to conduct a full background investigation into my personal and business activities.

Therefore, I authorize and request that you release any and all information, materials and documents in your possession which have been requested by any employee or agent of the Michigan Gaming Control Board regarding my personal or business activities. I am voluntarily giving this consent to release information, materials and documents provided that the employee or agent of the Michigan Gaming Control Board properly identifies himself or herself as an agent or employee of the Michigan Gaming Control Board.

This authorization supercedes and countermands any prior authorization and request to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

IN WITNESS WHEREOF, I have executed this release at the city of _____, State of _____, on this _____ day of _____, _____.

Individual's Signature

Before me, the undersigned, a Notary Public in and for said County and State, the above individual personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this _____ day of _____, of _____.

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: _____

County of residence: _____

ATTACHMENT C

RELEASE OF ALL CLAIMS

The undersigned has filed with the Michigan Gaming Control Board certain forms and documents relative to a written application request for licensing by the Board. In consideration of the assurance by the Board that no vote on said application will be taken except after deliberate, intensive and thorough investigation of the undersigned, including but not limited to background history, associates, and finances, the undersigned does for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the Michigan Gaming Control Board, the State of Michigan, the Department of Attorney General, the Department of State Police and their respective members, agents and employees, from any and all manner of actions causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has, may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the application.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at the city of [REDACTED], State of [REDACTED], on this [REDACTED] day of [REDACTED], [REDACTED].

Applicant's Signature

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [REDACTED] day of [REDACTED], of [REDACTED].

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: [REDACTED]

County of residence: [REDACTED]

Attachment D

**INDIVIDUAL TAX INFORMATION
AUTHORIZATION REQUEST**

I, [REDACTED], Social Security Number [REDACTED], swear or affirm under penalty of perjury that I am the taxpayer to which the forms listed below apply and this is my signature authorizing the Internal Revenue Service to release these forms to:

**Executive Director
Michigan Gaming Control Board
1500 Abbott Road
East Lansing, MI 48823**

Release confidential returns, or return information, i.e., all information in the possession of the Internal Revenue Service with respect to my tax liability.

In the spaces under "years", please identify the last ten years, i.e. 1991 through 2001.

<u>Type of Tax</u>	<u>Tax Form</u>		<u>Years</u>	
Income	1040	<input type="text"/>	through	<input type="text"/>
Gift	709	<input type="text"/>	through	<input type="text"/>
Employment	941	<input type="text"/>	through	<input type="text"/>
Unemployment	940	<input type="text"/>	through	<input type="text"/>

Applicant's Signature

Date

This authorization is intended to comply with Internal Revenue Service Code Section 6103 (e)(1)(C).

ATTACHMENT E

APPLICANT'S VERIFICATION

State of [REDACTED]

County of [REDACTED]

I, [REDACTED], being first duly sworn upon oath or affirmation, depose and state:

1. I am the individual responsible for submitting this application.
2. I swear (or affirm) that the information contained in this application form is true, complete and accurate to the best of my knowledge and belief.

Applicant's Signature

Date

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared and acknowledged the execution of the foregoing instrument as his/her voluntary act and deed.

WITNESS, my hand and Notary Seal, this [REDACTED] day of [REDACTED], of [REDACTED].

Notary Public, (Written Signature)

Notary Public, (Printed Signature)

My commission expires: [REDACTED]

County of residence: [REDACTED]